

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS					↓	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54	/					
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS					↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS